Improving Otitis Media (OM) Care with EHR-Based Clinical Decision Support and Feedback

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Study Funded by: AHRQ R18 HS017042-02



Study Aims

 To develop an integrated (education, CDS, feedback) intervention to improve the quality of OM care

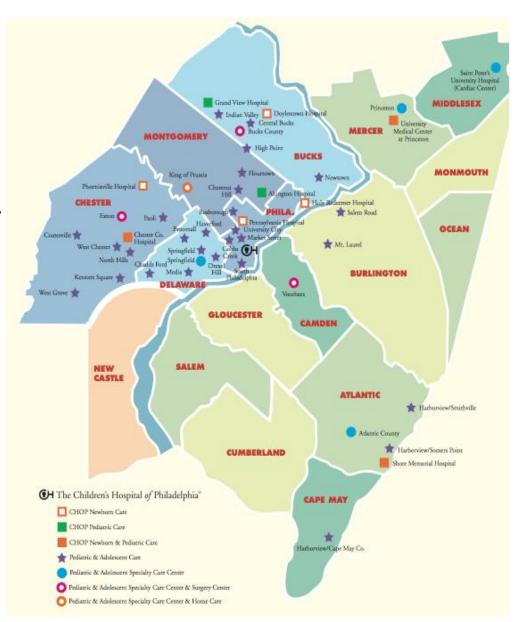
 To examine the effect of the intervention on quality of OM care

 To elucidate patterns and predictors of clinician adoption of the health IT tool

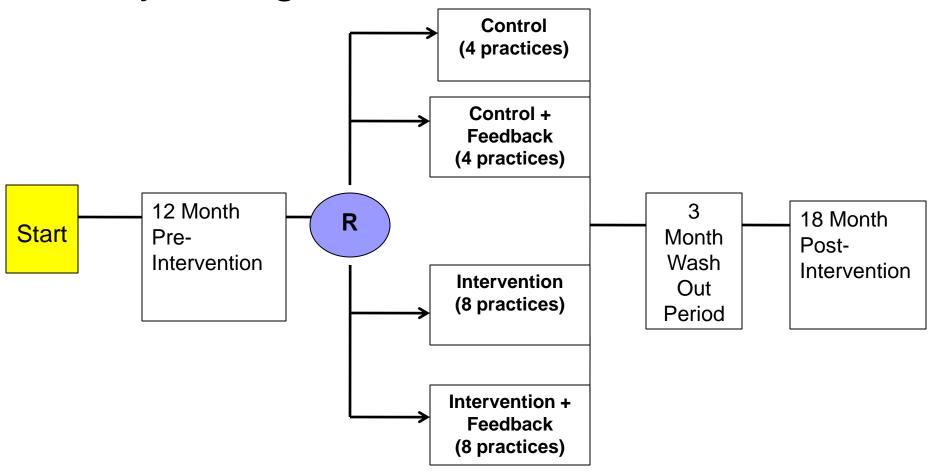


Study Setting

- 24 of 27 Ambulatory Care Practices Participated
- Study practices part of an AHRQ funded Practice-Based Research Network



Study Design: Cluster Randomized Trial



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EHRs at CHOP

All ambulatory care sites use the same EHR system

Implementation began in 2001

All sites have been using EHRs since 2006

Web-Accessible AOM Guidelines

Employee Intranet

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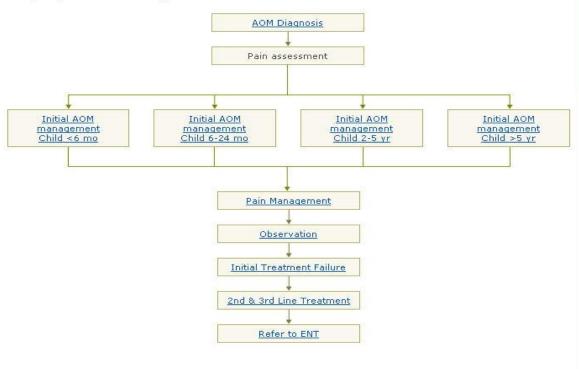
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SEARCH

earch tips

Acute Otitis Media (AOM) Treatment, Children 2 Months to 12 Years Old*

*Applies to children without signs or symptoms of systemic illness unrelated to the middle ear. Children with conditions that may after the course of otitis media such as cleft palate, genetic conditions such as Down Syndrome, immunodeficiencies, and cochlear implants, are excluded from these guidelines.



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Legal Disclaimer: These clinical practice guidelines are based upon the opinions of staff members of The Children's Hospital of Philadelphia. Treatment should be individualized and based upon the clinical conditions of each patient.

Learn More

Antibiotic Treatment Cost for Acute Otitis Media

Related Links

Diagnosis and
Management of Acute
Otitis Media 77+

Site Tools

Back to Otitis Media Pathways

Web-Accessible OME Guidelines

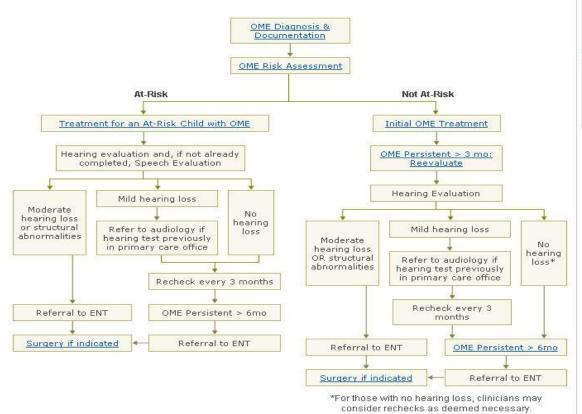
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Otitis Media with Effusion (OME) Treatment Pathway, Children 2 Months-12 Years



Related Links
Otitis Media With Effusion

Site Tools

Back to Otitis Media
Pathways

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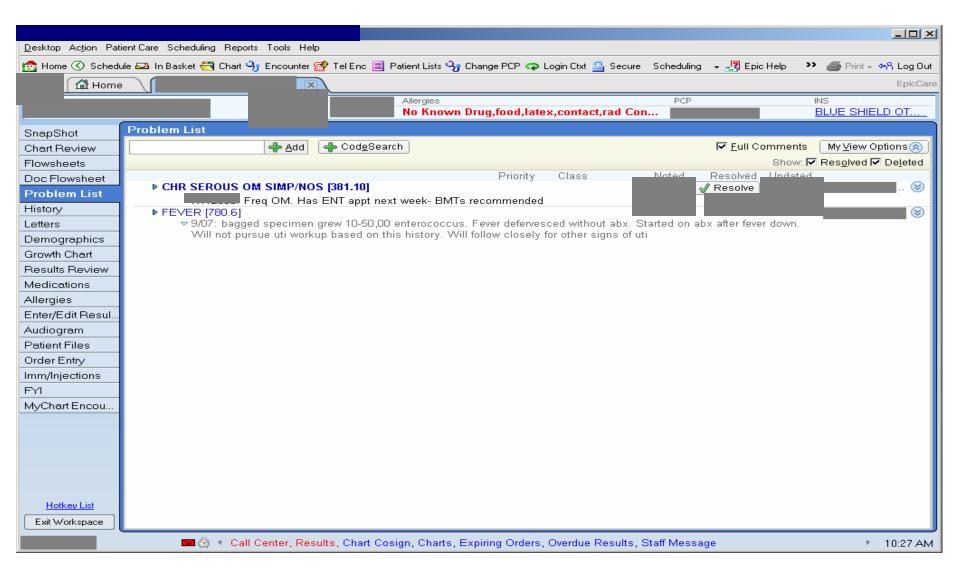
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CDS: Episode Grouper

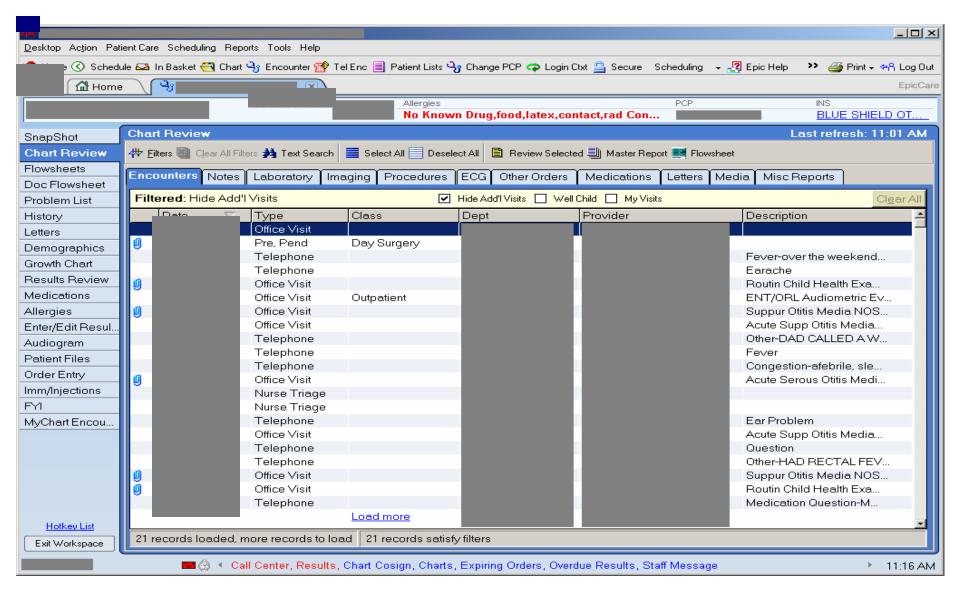
Otitis Media Assistant		AOM Guidelines Help
		OME Guidelines
Patient Risk Factors (none)		
Otitis Media History	Past 6	2007 2008
State in Court Linescory	Mo.	4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3
Episode History		Left Bilateral
Acute Otitis Media	- 1 1	B BBB L L
Otitis Media with Effusion		В В
Antibiotic History		
CEFDINIR	- 1 1	•
AZITHROMYCIN		
AMOXICILLIN/CLAV (600)		• • •
AMOXICILLIN/CLAV (400)		•
AMOXICILLIN		
AMOXICILLIN/CLAV (200)		
Otitis Related Events		Abnormal Office
Office visit	1	
Telephone visit		• • •
Audiogram (abnormal)		A
ENT (referral,office visit,both)		0 0
	·	Past 6 Months

- Episode History displays a history of encounters of AOM and OME grouped into episodes
- Otitis Related Events displays a history of office visits, phone encounters, audiograms, referrals and surgery.
- Antibiotic History displays the patient's history of antibiotic orders

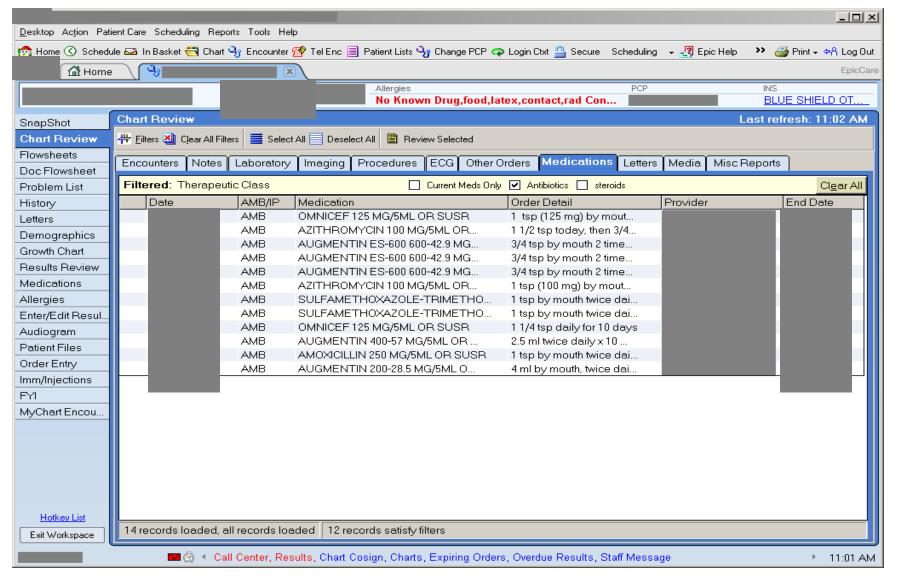
Problem List



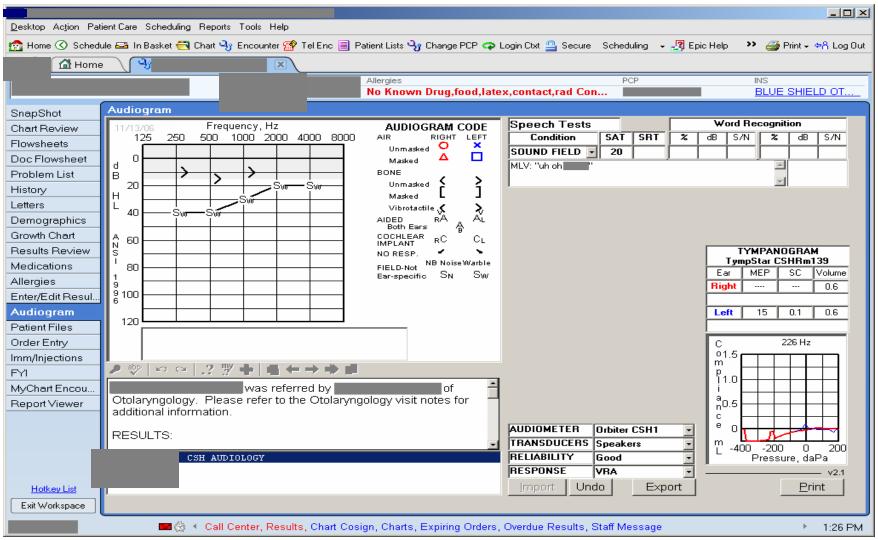
Encounter History



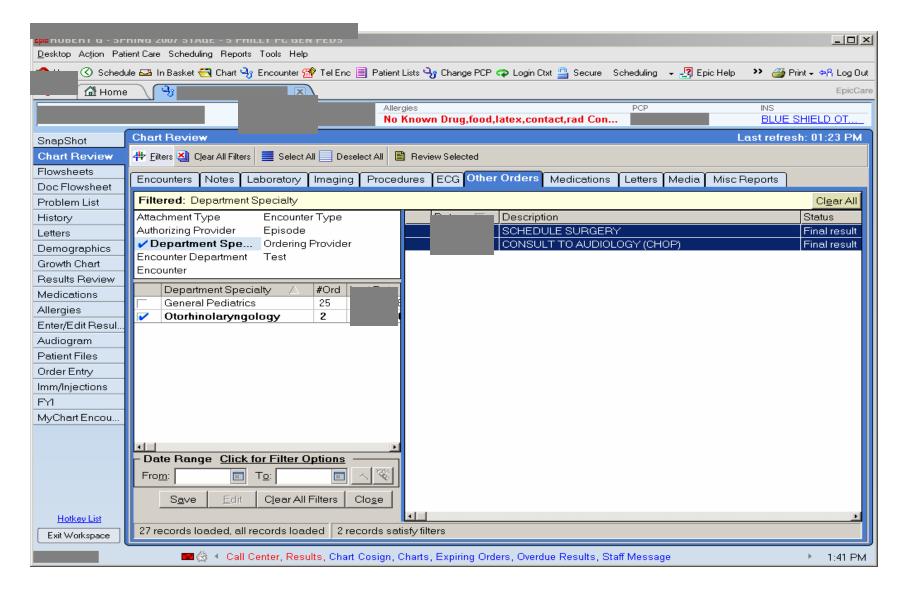
Antibiotic History



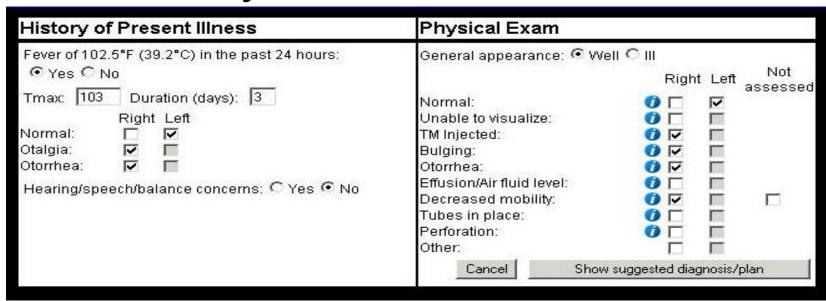
Audiograms



Referrals



Intervention: History of Present Illness / Physical Exam



- A minimal amount of discrete data is collected to determine determine the diagnosis and the severity of illness
- This information is needed to determine the recommended treatment

Treatment Guidelines

Acute Otitis Media (AOM) Treatment, Children 2 Months to 12 Years Old

Initial AOM Management: Child 2-5 yr

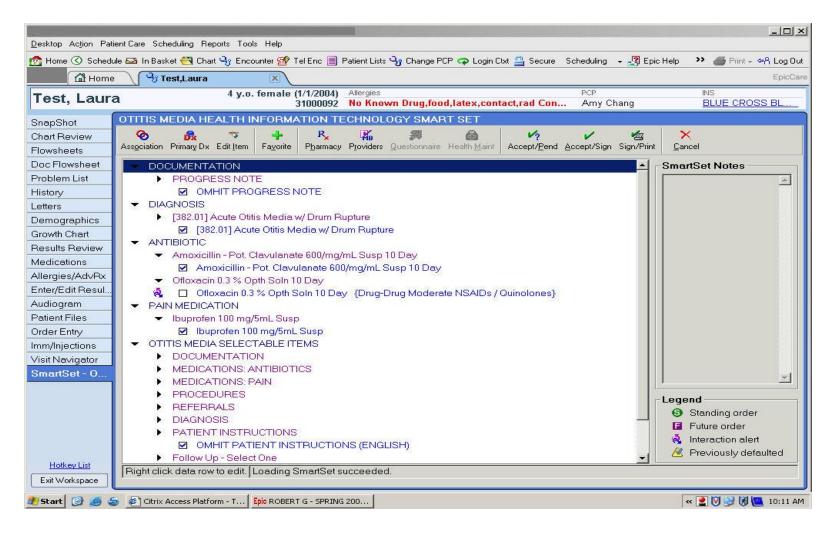
- Treat pain if present.
- OBSERVE if illness is not severe OR the diagnosis is uncertain.
 - Severe illness is defined as moderate to severe otalgia or fever
 ≥ 39° C
 - Uncertain AOM diagnosis = acute onset with middle ear inflammation but uncertain effusion
- ANTIBIOTIC TREATMENT when diagnosis is certain AND illness is severe (All 10 days except Zithromax, 5 days):
 - If non-penicillin allergic: Amoxicillin (Amoxil) 80-90 mg/kg/day
 - If Type I Penicillin allergic: Azithromycin (Zithromax).
 - If Non-Type I Penicillin allergic: Cefuroxime (Ceftin), Cefpodoxime (Vantin), or Cefdinir (Omnicef)
 - Perforation: If a perforation exists, add Ofloxacin (Floxin/Ocuflox) 5 drops into the affected ear(s) twice daily for 10 days

Intervention: Assessment and Plan

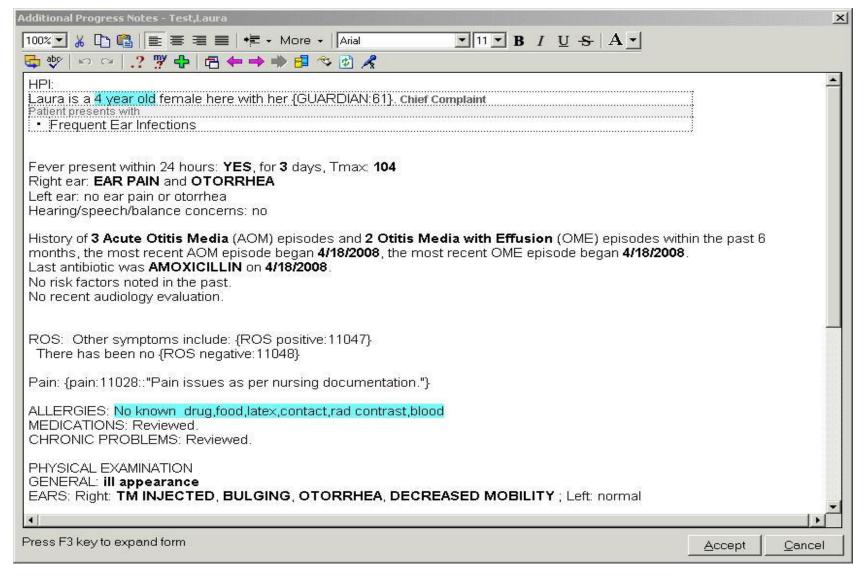
Type A	AP Guideline	Action	Reason Declined
Diagnosis	Acute Otitis Media	Accept/Sign ← Decline	
Analgesic	IBUPROFEN 100 mg/5 mL susp, give 150 mg (=1.5 tsp) po q6h prn	Accept/Sign ← Decline	
Antibiotic	AMOXICILLIN-CLAVULANATE 600 mg/5 mL susp, give 720 mg (=6 mL) po bid for 10 days		
Antibiotic	OFLOXACIN 5 gtt bid to affected ear 10 days	◆ Accept/Sign ← Decline	
Documentatio	n Otitis Media Progress Note	♠ Accept/Sign ← Decline	

- This section displays the calculated guideline based recommendations for treatment of the patient.
- Each recommended item can be accepted or declined.

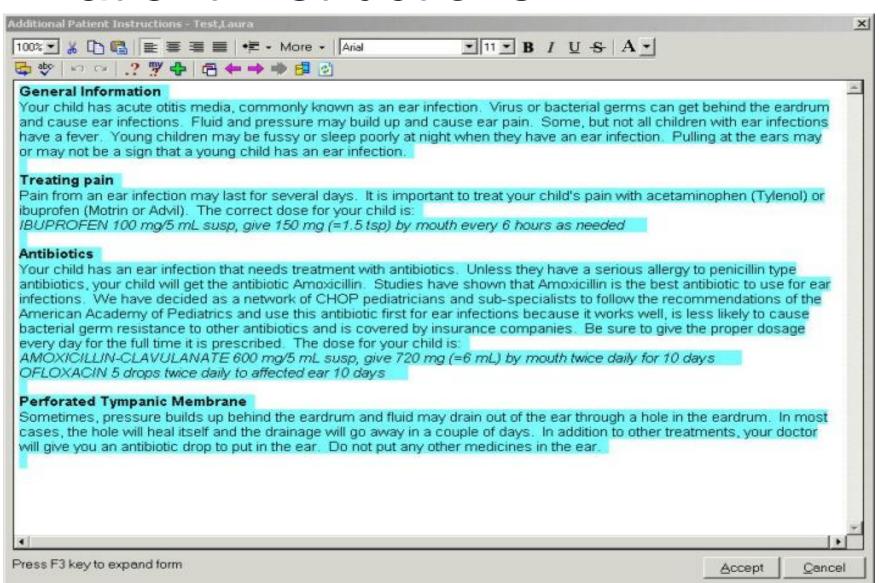
Intervention: Otitis Media Assistant Order Set



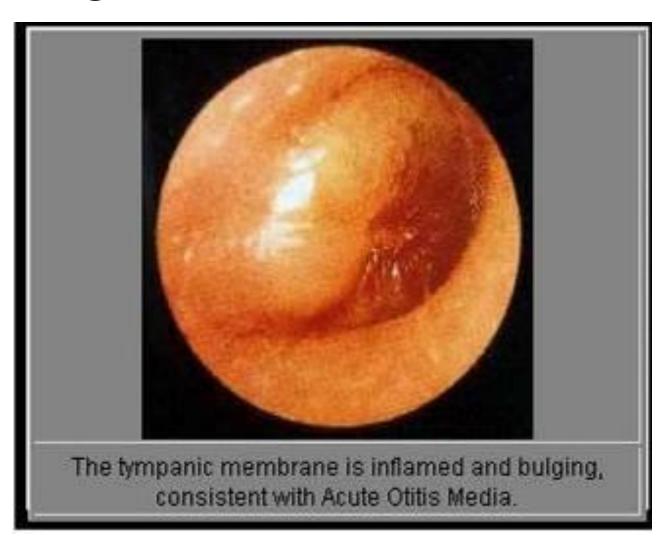
Progress Note



Patient Instructions



Images

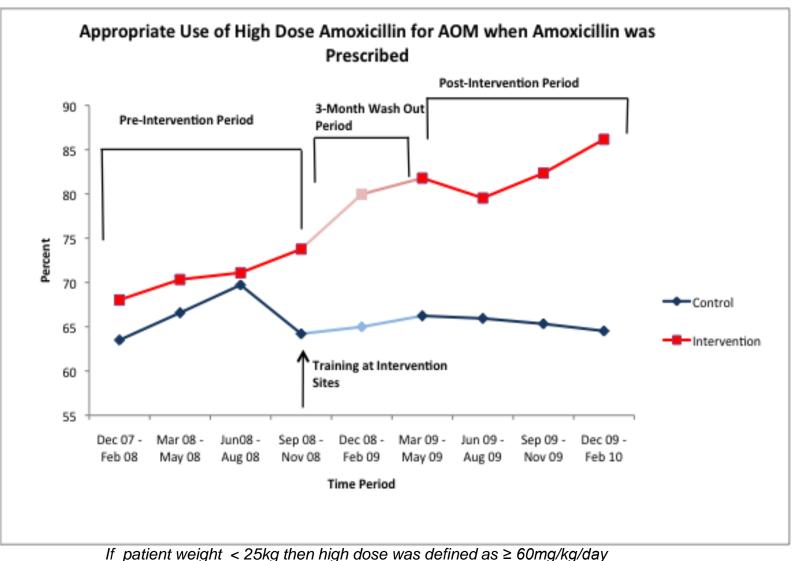


Encounter Identification

Data Type	Acute OM	OM with Effusion	OM Unclassified	Normal
Text	16%	3%		
ICD-9	21%	0.2%		
Exam	4%	0.1%	22%	33%

- Percents based on total number of encounters in incident episodes during pre-intervention period
- Encounters were classified using the hierarchy indicated by the numbers in brackets

Results Pre and Post Intervention

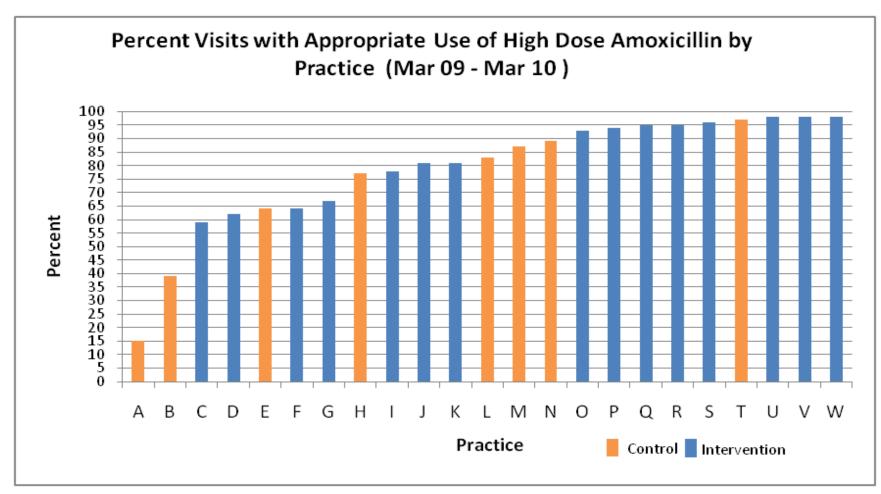


If patient weight ≥ 25 kg then high dose was defined as ≥ 1500 mg/day



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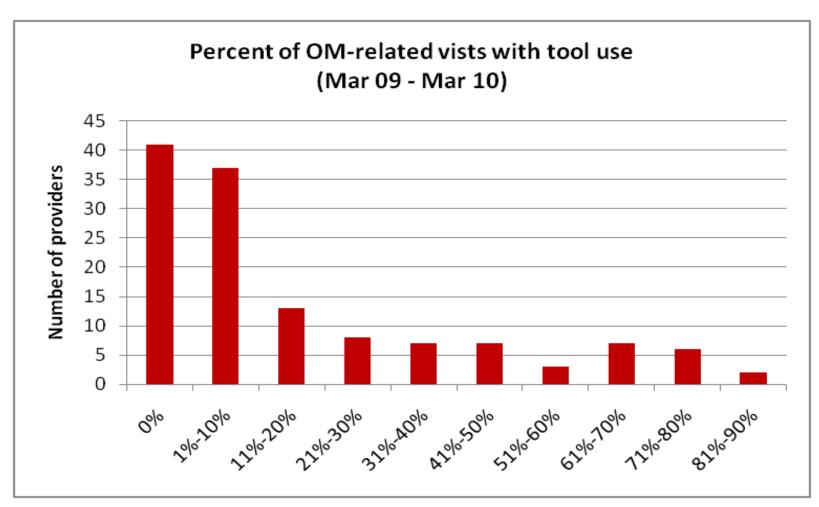
Practice-Level Variation



If patient weight < 25kg then high dose was defined as ≥ 60 mg/kg/day If patient weight ≥ 25 kg then high dose was defined as ≥ 1500 mg/day







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Provider Feedback on Tool

Positive

- Visual timeline of past OM episodes
- Find pictures useful for resident teaching and parent education
- Medication dosing is provided

Negative

- Double documentation when patient has conditions other than OM
- Resistance to changing workflow
- Prefer existing features in EHR
- Too many variables to fill in
- Already familiar with Otitis Media Guidelines